

FY	BUDGET Number		
0	Page 2 of	0	BD
Org. #	Organization Name		
0	0		

OPERATING BUDGET
SUPPLEMENT

Prepared By	0	Date	1/0/00
Division/Institution Approval	0	Date	1/0/00
General Accounting Approval		Date	

Net Amount		Debit/Credit Code	Pre-Audit Approval	Date
0		* Debit = 00 (-) Credit = 40 (+)		

Line	Appn.	Account	Center			Amount	Debit/ Credit Code *	Description	Cross Ref.	Error Message Code
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										

Name Entered By	Date Entered	Total This Page	Page	of
0	1/0/00	(Optional)		